

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 139

Place of Birth Miami County Fla No. 1215 Federick St.  
(Registration District)

|                         |  |           |             |   |                                |
|-------------------------|--|-----------|-------------|---|--------------------------------|
| SEX OF CHILD*           | Twin<br>Triplet<br>or other?             | }         | and         | } | Number<br>in order<br>of birth |
| DATE OF BIRTH*          | <u>March</u>                             | <u>15</u> | <u>1929</u> |   |                                |
|                         | (Month)                                  | (Day)     | (Year)      |   |                                |
| FULL*<br>NAME           | *FATHER<br><u>Willie D Mawson</u>        |           |             |   |                                |
| FULL*<br>MAIDEN<br>NAME | (Minnie), MOTHER<br><u>Minnie Fuller</u> |           |             |   |                                |

I HEREBY CERTIFY that the child described herein  
has been named

Dewey Mawson  
(Give name in full) (Surname)

(Parent's Signature)  
Byrd M. Leroy MD  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

445 - 315 - 469